2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

Mailing Address

SUITE 440

14275 MIDWAY RD

ADDISON TX 75001

P07558 **DOCUMENT#**

1. Entity Name

14275 MIDWAY RD

ADDISON TX 75001

SUITE 440

US

Principal Place of Business

NETWORK MULTI-FAMILY SECURITY CORPORATION



FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90120 042 ***150.00

800-645-2004



		. Mailing Address	· .					/1811 B/B/) 1874
Suite, Apt	John Carpenter Freeway 1	121 W. John C Suite, Apt. #, etc.	arpenter 1	TWY	/			
Salto, Apr	44	oune, Apr. #, etc.		•	CHECK HERE IF	MAKING	CHANGES	
City & Sta	- ^ - ' \ / - -	City & State Fring	TX		4. FEI Number 75-2050133			pplied For ot Applicable
7506		Zip 15063	Country		5. Certificate of Status Desired		8.75 Ad ee Require	
· ** ** **	6. Name and Address of Current Reg	stered Agent			7. Name and Address of New Reg	gistered A	gent	
CT CODD	ORATION SYSTEM	and the second second	Name -		الما المنظولات المادي المستمرية على		-	
	Street Address (P.O. Box Number is Not Acceptable)							
	Pine Island Road Ion Fl 33324							
			City			FL	Zip Cod	
the obliga	e named entity submits this statement for the tions of registered agent.					da. I am fa	miliar with,	and accept
	Signature, typed or printed name of registered agent and titl	e if applicable. (NOTE	: Registered Agent signat	ture required v	when reinstating)	DATE		
Afte Make Chec			Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees		
10.	OFFICERS AND DIRE		11.		ADDITIONS/CHANGES TO OFFIC			S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, STEVE 14275 MIDWAY RD #440 ADDISON TX 75001	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	422 Tr	1 W John Carpent 11N9 TX 75063		Change WY	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST PARKER, STEPHEN D 1 4275 MIDWAY RD, STE 440 ADDISON TX 75001	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		1 W. John Carpen Ving TX 75063	-	r Wy	Addition
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 I hereby of indicated of the corp changed. 	certify that the information supplied with this f on this report or supplemental report is true poration or the receiver or trustee empower or on an attachmen with any address, with a	iling does not qualify for t and accurate and that my dito execute this report a other like empowered	he exemption stat signature shall has s required by Cha					

FEQUIVE Secretary